

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021608

FILED MAY 25 1962

Registration District No. 325 Primary Registration District No. 4476 Registrar's No. 61

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6980
20980

3

4 0

5 2

6

7 C

8 0

9332X

10

11

1270-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Downing		Length of stay in 1b 3 weeks	c. CITY OR TOWN Lancaster Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Fogle Last Fogle		4. DATE OF DEATH Month May Day 20 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-4-78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 83 IF UNDER 1 YEAR Months 9 Days 16 IF UNDER 24 HR Hours 16 Min.
11a. FATHER'S NAME Newton Fogle		11b. MOTHER'S MAIDEN NAME Sarah Long	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. 61	
13. NAME OF HUSBAND OR WIFE Alice Fogle		14. NAME OF HUSBAND OR WIFE Alice Fogle	
15. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure DUE TO (b) Cerebral thrombosis DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart failure		16. INTERVAL BETWEEN ONSET AND DEATH Year	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Downing, Missouri	
21. I attended the deceased from 9-19-59 to 5-20-62 and last saw him alive on 5-17-62 Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 5-21-62	
22a. SIGNATURE H. R. Stoker, D.O.		22b. ADDRESS Lancaster, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 22, 1962	
23c. NAME OF CEMETERY OR CREMATORY Downing Cemetery		23d. LOCATION (City, town, or county) (State) Downing, Missouri	
24. FUNERAL DIRECTOR Moore Funeral Home-Downing, Mo.		25. DATE RECD. BY LOCAL REG. May 21, 1962	
26. REGISTRAR'S SIGNATURE Clarence Shepherd			

JUL 6 1962

Permit obtained May 21, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.